

## INSTRUCTIONS FOR STATE FIREARM LICENSE APPLICATION

Attached is the application form for a State Firearm License. This license is required in addition to the Federal License, for any person, firm or corporation who sells weapons under 15 inches in length (handguns).

The application must be filled out completely. The annual required fee is \$25.00 plus \$3.00 for each employee. There is a \$10.00 penalty added for renewals submitted after August 1<sup>st</sup>. This \$10.00 penalty does not apply to new applicants. The affidavit must be filled out, signed and notarized.

You are also required to submit a copy of your **FEDERAL FIREARM LICENSE** along with your application and fees. Mail all paperwork to Special Investigations Division, P O Box 1456, Atlanta, GA 30371-1456. Please allow approximately two weeks for your application to be processed.

This is a one year license from July 1<sup>st</sup> to June 30<sup>th</sup> of each year.

Should you have any questions regarding this process, please contact this office at (404) 624-7491.

BELOW IS A CHECKLIST TO ASSURE THAT ALL REQUIRED DOCUMENTS ARE RETURNED:

1. Application completed, signed & notarized.
2. A copy of your Federal Firearms License (FFL License)
3. The \$25.00 fee for the license and \$3.00 for each additional employee that will be selling hand guns. (Money Order, Certified Check or Company Check ONLY)

**APPLICATION FOR WHOLESALE/RETAIL LICENSE  
FOR SALE OF SMALL FIREARMS**

(under 15 inches in length)

**FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY**

License Issued: \_\_\_\_\_

Date Received: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

FFL Number: \_\_\_\_\_

**Mail Forms to:**

Ga. Department of Public Safety  
SPECIAL INVESTIGATIONS DIVISION  
P. O. Box 1456  
Atlanta, GA 30371-1456

**Phone Number:**

(404) 624-7491

**Kind of License:**

Wholesale  
Retail  
Employee

**Type of Application:**

New  
  
Renewal

PLEASE TYPE OR PRINT CLEARLY

**NAME OF APPLICANT:** \_\_\_\_\_  
(Owner or Corporate President's Name) TITLE

**BUSINESS NAME:** \_\_\_\_\_  
(List name to appear on license)

**MAILING ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP

**LOCATION ADDRESS:** \_\_\_\_\_  
(Principal place of doing business) CITY COUNTY ZIP

**TELEPHONE NUMBER:** ( ) \_\_\_\_\_  
AREA CODE

**FEES ENCLOSED**

ANNUAL LICENSE FEE: \$25.00 \$ \_\_\_\_\_

LATE FEE: \$10.00 (renewals postmarked after August 1st) \$ \_\_\_\_\_

EMPLOYEE LICENSE FEE: \$3.00/employee (# of employees ) \$ \_\_\_\_\_

**TOTAL FEE ENCLOSED** \$ \_\_\_\_\_

FEES ARE TO BE MADE PAYABLE TO THE DEPARTMENT OF PUBLIC SAFETY IN THE FORM OF A MONEY ORDER, CERTIFIED OR CASHIER'S CHECK. PERSONAL CHECKS WILL NOT BE ACCEPTED.

**AFFIDAVIT OF WHOLESALER/RETAILER APPLYING FOR LICENSE**

(Required by OCGA 43-16-3)

**County of:** \_\_\_\_\_

Personally, before the undersigned officer, authorized by law to administer oaths came;

**NAME OF APPLICANT:** \_\_\_\_\_  
TITLE

**ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP

Who on oath deposes and says that applicant is a citizen of the United States of America, that he/she has reached the age of twenty-one years, and that he/she has not been convicted of a felony.

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE (SEAL REQUIRED)

**COMMISSION EXPIRES:** \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE